to care for their children. Self-doubt in turn led to early weaning from breastfeeding and the often-disastrous consequences for the baby of malnutrition, diarrhoeal disease, and sometimes death.

Protection & Promotion

The International Code of Marketing of Breastmilk Substitutes

In 1939, the link between early weaning, misleading propaganda, artificial foods and infant mortality was first made public in Singapore. Decades of accusations, lawsuits, boycotts and deaths ensued. It was not until 1981 that the World Health Assembly approved the International Code of Marketing of Breastmilk Substitutes. The International Code seeks to encourage and protect breastfeeding and to regulate marketing practices used to promote artificial feeding products. Currently, the International Code has become law in whole or in part in over 55 countries, and is implemented as voluntary measures in many more.

The International Code has made a difference but not enough. Companies have made superficial changes but continue to promote their products. The International Baby Food Action Network (IBFAN) monitors compliance with the International Code and subsequent recommendation by WHO and reports on violations. Because of non-compliance, IBFAN, governments, and citizen groups continue to press for laws to protect breastfeeding and participate in protest actions such as the Nestlé boycott.

Resources:
- A series of 5 IBFAN pamphlets which report on marketing trends: the International Code, HIV and Breastfeeding; Labels; Hospitals & Clinics; Mothers; and the Internet, 2001, IBFAN ICDC

The Baby Friendly Hospital Initiative (BFHI)

BFHI was launched in 1992 by UNICEF/WHO to help hospitals promote and support breastfeeding, has been an enormous success in many countries. There are now over 14,500 baby-friendly hospitals worldwide. Most of the Ten Steps involve proper communication between mother, baby, doctors and nurses, and the community. One criterion for ‘baby-friendliness’ is adherence to the Code by not accepting free or low-cost supplies of breastmilk substitutes, bottles and teats.

Competing Communications

The Baby Food Industry and the Weakening of Breastfeeding Cultures

From its beginnings, the baby food industry has sought to create a demand for manufactured infant foods. Although relying somewhat on personal contacts through health workers and medical representatives or ‘mothercraft nurse’ sales staff, these companies also began large-scale, complex marketing promotions using a variety of strategies and media. Manufactured foods are still promoted as being more convenient and ‘scientific’, providing complete nutrition, and reflecting a higher social status. Advertisements use the image of the modern mother with a cherubic baby to create an ideal that families can expect from using these infant foods. More recently, messages have asserted greater safety in manufactured products, especially in areas affected by environmental contaminants or high rates of HIV/AIDS.

Major partners in breastmilk substitute marketing have been health care workers. As birth and breastfeeding became increasingly medicalised, breastmilk substitutes were marketed as scientific and sterile means to further structure and schedule the perinatal experience. Unfortunately, ‘scientific’ feeding practices became common practice very quickly in settings dominated by male physicians with limited knowledge of the natural processes of birth and breastfeeding. Misleading information about the superiority of artificial baby milk and the inferiority of human milk was normalised in medical and nursing texts and hospital routines and reinforced by aggressive marketing tactics.

Promotion of breastmilk substitutes reached the majority of families in the 20th century. Economic forces, from the Industrial Revolution to the newer service economy, encouraged families to migrate in search of jobs, leaving family and friends and weakening ties with traditional and community support for breastfeeding. Women entered the paid labour market, limiting their ability to be with their children. Early weaning on breastmilk substitutes were communicated as options to support these economic activities.

Altogether, these changes devaluated breastfeeding and the intuitive wisdom of women. Breastfeeding cultures were no longer supported by increasingly fragmented communities. The aggressive marketing of infant foods and related products as ‘best’ for the baby, created doubts among mothers about the quality of their breastmilk, the growth of their baby, and their own ability.